

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**



Attorney Docket No. 3519-0115P

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING

**SUBSTITUTE COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

ANALGESIC COMPOSITION AND METHOD

Fill in Appropriate
Information -
For Use Without
Specification
Attached:

the specification of which is attached hereto. If not attached hereto,

the specification was filed on February 5, 2002

United States Application Number 10/062,483

and amended on December 8, 2003

the specification was filed on _____

International Application Number _____

amended on _____

(if applicable) and/or

as PCT

and was

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

Insert Priority
Information:
(if appropriate)

01118098.6

(Number)

China

(Country)

May 18, 2001

(Month/Day/Year Filed)

☒ Yes

☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes

☐ No

(Number)

(Country)

(Month/Day/Year Filed)

☐ Yes

☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Insert Provisional
Application(s):
(if any)

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Country

Application Number

Date of Filing (Month/Day/Year)

Insert Requested
Information:
(if appropriate)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(if any)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

(Rev. 12/19/01)

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292
P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:

Full Name of First
or Only Inventor
Insert Name of
Inventor
Insert Date This
Document is Signed

Invent Residence
Insert Citizenship

Invent Post Office
Address

Full Name of Second
Inventor, if any
see above

Full Name of Third
Inventor, if any
see above

Full Name of Fourth
Inventor, if any
see above

Full Name of Fifth
Inventor, if any
see above

Full Name of Sixth
Inventor, if any
see above

GIVEN NAME/FAMILY NAME Baoshan KU		INVENTOR'S SIGNATURE <i>Baoshan Ku</i>	DATE* 2009.3.29
Residence (City, State & Country) Beijing, China, 100083		CITIZENSHIP P.R. China	
MAILING ADDRESS (Complete Street Address including City, State & Country) 241 Physiology Building, Beijing Medical University, Beijing, China, 100083			
GIVEN NAME/FAMILY NAME Frank Hay Kong SHUM		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) North Point, Hong Kong		CITIZENSHIP Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country) Unit A, 34/F, Manulife Tower, 169 Electric Road, North Point, Hong Kong			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			
GIVEN NAME/FAMILY NAME		INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

**PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:**

Full Name of First
or Sole Inventor:
Insert Name of
Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship

Insert Post Office
Address

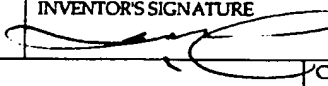
Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Booshan KU		
Residence (City, State & Country)	CITIZENSHIP	
Beijing, China, 100083	P.R. China	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
241 Physiology Building, Beijing Medical University, Beijing, China, 100083		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Frank Hay Kong SHUM		May 26 2004
Residence (City, State & Country)	CITIZENSHIP	
North Point, Hong Kong	Canada	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
Unit A, 34/F, Manulife Tower, 169 Electric Road, North Point, Hong Kong		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		